

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
161039291
APPLICANT(S)

FILING DATE

2/23/05

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 3 | | | |
| TOTAL DEP. | | 6 | | | | |
| TOTAL CLAIMS | 9 | | | | | |

| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | / | | | | | |
| TOTAL DEP. | 12 | | | | | |
| TOTAL CLAIMS | 13 | | | | | |